

County Remittance Advice - TC31

Single Page RA Program

Revised July 2004 - For Immediate Use

Instructions for PC-Generated Form CA 25 (Report to State Controller of Remittance to State Treasurer)

In Cell Z3, enter county remittance advice number: CO + County number + four (4) digit number sequence.
Example: CO 010001 **DO NOT** duplicate remittance advice number.

In cell X7 and Z7 respectively, enter name of county and county number. See Manual of Accounting and Audit Guidelines for Trial Courts for county number
Example: Alameda - 01

In cell X8 and Z8 respectively, enter month and year. **REMIT ONLY ONE MONTH PER FORM.**

Do **NOT** use space marked "State Controller's Use Only."

Enter amount of collection on the corresponding line of coding.

If coding is not listed for money being remitted, enter amount, section number, and short description on a blank line.

Each sheet will automatically total. **NOTE:** If more than one remittance advice form is needed to report collections being remitted, total each remittance advice form individually. However, one county warrant may be issued for 2 or more more remittance advice forms.

Enter official title of person certifying report. Form must be signed by an authorized individual. Original signature required for the original copy.

Enter current date.

Enter name, title, phone number, and e-mail address of the contact person.

Print form using the Print Macro buttons provided at the top of each page.

Sign form and make 2 copies.

Send ORIGINAL and DUPLICATE of each set along with check or warrant to:

State Treasurer
Cash Management Division
P.O. Box 942809
Sacramento, CA 94209-0001

Retain TRIPLICATE for your records.

GENERAL NOTES

Form CA 25 (Report to State Controller of Remittance to State Treasurer TC-31) **MUST** be used whenever a remittance is made to the State Treasurer.

All Counties are required to remit monthly to the State Treasurer in accordance with Government Code Section 68101.

Refer to the State Controller's Manual of Accounting and Audit Guidelines for Trial Courts for additional information.

CO#	MONTH

REMITTANCE ADVISE NUMBER
CO _ _ _ _ _

REPORT TO STATE CONTROLLER OF REMITTANCE TO STATE TREASURER - TC-31

COUNTY NAME - NUMBER: _____ - _____
 COLLECTIONS FOR THE MONTH OF (Mo / Yr): _____ / _____

STATE CONTROLLER'S USE ONLY						AMOUNT	D/C	CODE SECTION & DESCRIPTION
FUND	AGENCY	FY	SCD	USE	REV / OBJ			
0 0 0 1	0 4 5 0				1 6 1 4 0 3			Penal Code 1465.7; AB 3000 - General Fund 20% surcharge on criminal fines
0 0 0 1	0 8 2 0				1 3 1 5 0 0			Health & Safety 11372.5 - General Fund Criminalistics Lab Fee - Health & Safety 11502 State Fines
0 0 0 1	9 9 9 0				1 3 0 9 0 1			Penal Code 290.3 - General Fund (First Conviction)
0 0 0 1	9 9 9 0				1 3 0 9 0 2			Penal Code 290.3 - General Fund (Second & Subsequent Convictions)
0 0 0 1	9 9 9 0				1 6 0 5 0 0			Health & Safety 11489 (24%) - General Fund
0 0 0 1	9 9 9 0				1 6 4 0 0 0			Penal Code 1463.22(c) - Uninsured Motorists (\$10 Conviction)
0 0 0 1	9 9 9 0				1 6 4 2 0 1			Vehicle Code 40225(d) - General Fund
0 0 0 1	9 9 9 0				1 6 4 3 0 1			Health & Safety 105257 - General Fund state penalty on lead abatement fines
0 0 4 4	2 7 4 0				1 6 4 0 0 0			Penal Code 1463.22(b) - Uninsured motorists (\$3 conviction)
0 1 0 2	3 5 4 0				1 2 5 2 0 0			Health & Safety 12105 - Explosive Permit Fees
0 1 5 9	0 4 5 0				1 6 4 6 0 2			Trial Court Improvement Fund - Government Code 68090.8 (2% Automation)
0 1 5 9	0 4 5 0				1 6 4 6 0 3			Trial Court Improvement Fund - GC 77205
0 2 0 0	3 6 0 0				1 2 5 6 0 0			Fish & Game 711.4 - Environmental Document Filing Fees
0 2 0 0	3 6 0 0				1 3 1 0 0 0			Fish & Game 13003 - Fish & Game Preservation Fund
0 2 0 0	3 6 0 0				1 3 1 3 0 0			Fish & Game 12021, 13006 - Secret Witness Program
0 2 1 4	8 7 0 0				1 3 0 8 0 0			Penal Code 1202.4, W&I 730.6, formerly GC 13967, 13967.5, W&I 729.6, and Penal Code 1203.04 - Restitution Fund
0 2 1 4	8 7 0 0				1 3 0 8 0 3			Penal Code 1001.90 - Diversion Restitution Fee
0 2 1 4	8 7 0 0				1 6 4 4 0 0			Penal Code 1463.18 - DUI Fines

TOTAL -

TO STATE CONTROLLER: I hereby certify that the foregoing report, as it relates to the agency I represent, is a correct statement of the State's share of collections deposited for the month stated above in accordance with Section 68101 of the Government Code. Remittance has been made to the State Treasurer.

(SIGNED)	
OFFICIAL TITLE	DATE
CONTACT PERSON	
PHONE	E-MAIL ADDRESS
ADDRESS	

STATE TREASURER'S ENDORSEMENT

REMITTANCE ADVISE NUMBER	
CO	_____

REMITTANCE ADVISE NUMBER	
CO	_____